

International Search Report
PCT Request Form
PCT/IB/306 Form
Demand
International Preliminary Examination Report

US APPLICATION NO. (If known, see 37 CFR 1.5)

INTERNATIONAL APPLICATION NO.

ATTORNEY'S DOCKET NUMBER

09/622047

PCT/RU98/00181

P65855US0

CALCULATIONS

PTO USE ONLY

17. ☒ The following fees are submitted:

Basic National Fee (37 CFR 1.492(a)(1)-(5)):

Internatl. prelim. examination fee paid to USPTO (37 CFR 1.492 (a) (1)) . . . \$670.00

No international preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (2)) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) . . . \$760.00

Neither international preliminary examination fee (37 CFR 1.492 (a) (3)) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO) **\$970.00**

International preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (4)) and all claims satisfied provisions of PCT Article 33(2)-(4) \$96.00

Search Report prepared by the EPO or JPO (37 CFR 1.492 (a) (5)) **\$840.00** \$ 970.00**ENTER APPROPRIATE BASIC FEE AMOUNT =**Surcharge of \$130.00 for furnishing the **oath or declaration** later than☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492(e)).

\$

Claims**Number Filed****Number Extra****Rate**

Total Claims

4 - 20 =

-0-

x \$18.00

\$

Independent Claims

1 - 3 =

-0-

x \$78.00

\$

Multiple Dependent Claim(s) (if applicable)

+ \$260.00

\$

TOTAL OF ABOVE CALCULATIONS =

\$ 970.00

Reduction by 1/2 for filing by **small entity**, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).

\$

SUBTOTAL =

\$ 970.00

Processing fee of \$130 for furnishing the **English translation** later than☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492(f))

\$

TOTAL NATIONAL FEE =

\$ 970.00

Fee of \$40.00 for recording the enclosed **assignment** (37 CFR 1.21(h)).

Assignment must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31).

\$40.00

TOTAL FEES ENCLOSED =

\$ 1010.00

Amt. to be refunded: \$

Amt. charged: \$

- a. ☒ A check in the amount of \$ 1010.00 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 06-1358 in the amount of \$ --- to cover the above fees. A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge my account any additional fees set forth in §1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:
Jacobson, Price, Holman & Stern, PLLC
 400 7th Street, N.W., Suite 600
 Washington, DC 20004
 202-638-6666

CUSTOMER NUMBER: 00136

By John Clarke Holman
 John Clarke Holman
 Reg. No. 22,769